

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012624

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3137

FILED APR 6 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4036 KOELN</u>		d. STREET ADDRESS (If outside, give location) <u>4036 KOELN</u>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>FAVATA SR.</u> Last		4. DATE OF DEATH Month <u>MARCH</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 27 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Gas</u>	11. BIRTHPLACE (City and state or country) <u>ITALY</u>
13a. FATHER'S NAME <u>JOSEPH FAVATA</u>		14. NAME OF MOTHER OR WIFE <u>ANGELA SINARDI</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>JOSEPHINE McDERMOTT 4036 KOELN</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Failure</u> DUE TO (b) <u>Anteriorly located Cardiovascular Disease</u> DUE TO (c) <u>422.1 H</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 years unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of Rectum</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>March 1958</u> to <u>March 21, 1962</u> and last saw him alive on <u>March 17, 1962</u> Death occurred at <u>7:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Chas Barentbaum, M.D.</u>		22b. ADDRESS <u>462 N. Taylor St. Louis 8, Mo</u>	
22c. DATE SIGNED <u>3/23/62</u>		22d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAR 27 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	
24. FUNERAL DIRECTOR <u>Thomas Patis</u>	24b. ADDRESS <u>2416 Gleason</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 23 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>		26b. ADDRESS	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

90

Mr. Aaron Biechenbaum 842-6666
462 N Taylor
OK2-6666
12 noon Fri only

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L.G. Humphrey

Licensed Embalmer No.

4772

P. O. Address

2906 Grawis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.